

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Peninsula Library System

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 25 Tower Road, San Mateo, CA 94402

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Gail McPartland

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

25 Tower Road

San Mateo, CA 94402

**Telephone Number of Designated Agent:** 650-358-6721

**Facsimile Number of Designated Agent:** 650-358-6706

**Email Address of Designated Agent:** mcpartla@pls.lib.ca.us

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** Jan 11, 1999

**Typed or Printed Name and Title:** Gail McPartland, IT Project Coordinator

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

**RECEIVED**

**FEB 8 1999**

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